



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

Radiology Report Retention

Effective Date: March 15, 2017

Policy #: RD-07

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I. PURPOSE: To ensure proper retention of radiology reports.

II. POLICY: Montana State Hospital (MSH) will maintain documentation required for HIPAA compliance and will store such documentation for a period of not less than 10 years following the date of a patient's discharge or death. Documentation that is no longer required may be destroyed in a manner appropriate to Protected Health Information (PHI) per MSH policy HR-18, HIPAA Documentation and Record Retention.

III. DEFINITIONS:

- A. Radiologic Report: a transcribed or verbal interpretation of an imaging study or procedure given by the radiologist.
- B. Licensed Independent Practitioner (LIP): an active, provisional or part-time physician or APRN and/or CNS who attends to the care of the patients at MSH.
- C. Registered Radiology Technologist (RT): current American Registry of Radiologic Technologists (ARRT) and State of Montana license holder under contract to provide services to MSH.
- D. Limited Permit Technologist (LPT): current State of Montana Limited Permit radiology Technologist license.

IV. RESPONSIBILITIES:

- A. RT and LPT – will ensure radiology files are properly maintained in the patient's medical record and in the medical clinic area.

V. PROCEDURE:

- A. The following guidelines will be followed while maintaining patient radiology files.
 - 1. Patient information including name, hospital number, DOB, and exam are included on the patient's report. LIP order is stapled to the patient's report.
 - 2. All patient reports are maintained in the Radiology Department.
 - 3. Diagnostic imaging film and electro-diagnostic tracings must be retained for a period of ten years.
 - 4. Radiologic reports will be included in the medical record and must be retained for the same periods required for the medical record.

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- VI. REFERENCES:** MSH policy HI-18, HIPAA Documentation and Record Retention.
- VII. COLLABORATED WITH:** Limited Permit Radiology Technologist; Health Information Director; Associate Director of Nursing; Medical Director; Registered Radiology Technologist; and Radiologist.
- VIII. RESCISSIONS:** None, new policy.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Health Information Director.
- XII. ATTACHMENTS:** None.

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Jay Pottenger Date
Hospital Administrator

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Thomas Gray, M.D. Date
Medical Director